## PRFL - Provider/Facility List

This screen displays a list of facilities associated with a specific provider along with the county where the facility is located.

CAFSPRFL USER ID : C74142SW PROV NO : 0001074 000	PROVIDER/FACILITY LIST PROV NAME: GRIFFIN FOSTER	PAGE NO: 1
TO SELECT, ENTER I=INQUIRE	OR M=MODIFY	
SEL LOC FACILITY NAME  - 001 GRIFFIN FOSTER   - 002 GRIFFIN2 FOSTER   - 003 GRIFFIN3 FOSTER   - 004 GRIFFIN4 FOSTER   - 005 GRIFFIN5 FOSTER   - 006 GRIFFIN6 FOSTER   - 007 GRIFFIN7 FOSTER   - 008 GRIFFIN8 FOSTER   - 009 GRIFFIN9 FOSTER   - 010 GRIFFIN10 FOSTER   - 011 GRIFFIN11 FOSTER   - 012 GRIFFIN12 FOSTER   - 013 GRIFFIN13 FOSTE   - 014 GRIFFIN14 FOSTER   - 015 GRIFFIN15 FOSTER   - 016 GRIFFIN15 FOSTER   - 017 GRIFFIN15 FOSTER   - 018 GRIFFIN15 FOSTER   - 019 GRIFFIN16 FOSTER   - 010 GRIFFIN16 FOSTER   - 010 GRIFFIN16 FOSTER   - 010 GRIFFIN16 FOSTER   - 011 GRIFFIN17 FOSTER   - 012 GRIFFIN17 FOSTER   - 013 GRIFFIN17 FOSTER   - 014 GRIFFIN17 FOSTER   - 015 GRIFFIN17 FOSTER   - 016 GRIFFIN17 FOSTER   - 017 GRIFFIN17 FOSTER   - 018 GRIFFIN17 FOSTER   - 019 GRIFFIN17 FOSTER   - 019 GRIFFIN17 FOSTER   - 010 GRI	CARE CARE CARE CARE CARE CARE CARE CARE	COUNTY  025 025 025 025 007 007 007 007 007 032 032 032 032 032 032 056 056
FS900001 NEW INFORMATION DI	SPLAYED	. PATH: _

**Field Descriptions** (F12) indicates code lookup is available.

### PROV NO (F12)

Enter the provider number of the provider you wish to view the list of associated facilities for. *The three digit extension must be '000' on this screen*.

#### **PROV NAME**

This field will display the name of the umbrella provider whose ID is entered in the PROV NO field.

#### SEL

Enter an "I" if you want to inquire on the facility details or an "M" if you want to modify the facility details. Either selection will take you to the FACD (Facility Detail) screen. Due to provider/facility security, you may not have the authority to modify the details for a specific facility.

#### LOC

This field will display the facility number that is associated to the provider number.

#### **FACILITY NAME**

This field will display the name of the facility that is associated to the facility number.

# COUNTY (F12)

This field will display the county code for where the facility is physically located.

## **Additional Information**

None.